

APPLICATION FOR EMPLOYMENT

GG BARNETT TRANSPORT, INC / REDFORD TRUCK LINE, INC

PO BOX 144

BEAVER DAM, WI. 53916

Fax 920 386 2302

An equal opportunity employer.

Applicant: Read and sign before submitting this application.

In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment, and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.

Signature: _____ Date: _____

Name: _____ Phone: _____
First Middle Last

Address: _____ City/State/Zip: _____

(If less than 3 years, list all prior residences below)

Address: _____ City/State/Zip: _____

Address: _____ City/State/Zip: _____

Address: _____ City/State/Zip: _____

Date of birth: _____ Social Security No.: _____

In case of emergency notify: _____
Name Phone No.

Address City State/Zip

Position applying for: _____
Temporary _____ Part-time _____ Full-time _____

Rate of pay expected: _____

Have you worked for this company before? If so, from: _____ to _____

What department: _____ Position: _____ Pay: _____

Your name at time when past employed with this company: _____

Reason for leaving: _____

Names of any relatives employed by this company: _____

How did you hear about us: Employee: _____ Who: _____

Newspaper _____ Internet: _____ Other: _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High school attended: _____ City/State: _____

Did you attend a Technical School or College: _____

No. of years completed: 1 2 3 4

College attended: _____

City/State: _____

Major/Minor: _____

GENERAL

Have you ever been bonded (only if a job requirement)? _____

Name of bonding company: _____

PHYSICAL HISTORY

Please describe any positions, jobs or duties for which you should not be considered because of physical, medical or mental disabilities: _____

For drivers only:

Date of last D.O.T. prescribed physical examination: _____

Have you every been granted a waiver under *Section 391.49 of the Federal Motor Carrier Safety Regulations* pertaining to the loss of foot, leg, hand, or arm? YES _____ NO _____

All applicants please fill out work experience history:

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that the driver applicants show all employment for the past three years. Effective July 1, 1987, they must also show commercial driver employment for the seven years preceding this three year period. Section 391.21 (b) (10) (11).

Last Employer:

Name:		Phone:
Address:	City:	State/Zip:
Position Held:	Dates:	Rate of Pay:

Equipment Driven:
Location driven in:
Was this employment subject FMCSR as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40. ___ yes ___no
Reason for leaving:

Second Last Employer:

Name:		Phone:
Address:	City:	State/Zip:
Position Held:	Dates:	Rate of Pay:
Equipment Driven:		
Location driven in:		
Was this employment subject FMCSR as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40. ___ yes ___no		
Reason for leaving:		

Third Last Employer:

Name:		Phone:
Address:	City:	State/Zip:
Position Held:	Dates:	Rate of Pay:
Equipment Driven:		
Location driven in:		
Was this employment subject FMCSR as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40. ___ yes ___no		
Reason for leaving:		

Fourth Last Employer:

Name:		Phone:
Address:	City:	State/Zip:
Position Held:	Dates:	Rate of Pay:
Equipment Driven:		
Location driven in:		
Was this employment subject FMCSR as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40. ___ yes ___no		
Reason for leaving:		

If necessary, please list additional employers below:

Name:		Phone:
Address:	City:	State/Zip:
Position Held:	Dates:	Rate of Pay:
Equipment Driven:		
Location driven in:		
Was this employment subject FMCSR as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40. ___ yes ___no		
Reason for leaving:		

Name:		Phone:
Address:	City:	State/Zip:
Position Held:	Dates:	Rate of Pay:
Equipment Driven:		
Location driven in:		
Was this employment subject FMCSR as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40. ___ yes ___no		
Reason for leaving:		

Name:		Phone:
Address:	City:	State/Zip:
Position Held:	Dates:	Rate of Pay:
Equipment Driven:		
Location driven in:		
Was this employment subject FMCSR as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40. ___ yes ___no		
Reason for leaving:		

If additional space is needed, continue on the reverse of this page.

For CDL drivers only:

DRIVER EXPERIENCE & QUALIFICATION

Note: Years must be shown.

Licenses	State	License No.	Type	Exp. Date

- Do you currently hold more than one valid license? _____
- Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____
- Has any license, permit or privilege ever been suspended or revoked? _____
- Have you ever tested positive for a controlled substance in the past three years? _____
- Have you ever been disqualified for violations of the *Federal Motor Carrier Safety Regulations*?

If you answered “yes” to any of the above, give details:

For CDL drivers only:

Class of Equipment	Type of Equipment (van, tank, etc.)	Dates		To	Approximate Total Miles
		From	To		
Straight Truck					
Tractor-Trailer					
Twin Trailers					
Other					

List states operated in during last five years:

List special courses or training that will help you as a driver:

List safe driving awards held and who presented awards:

Accident review for past 3 years:

Last Accident	Nature of Accident (head-on, rear-end, etc.)	Fatalities	Injuries

Traffic convictions and forfeitures for the past 3 years other than parking violations:

Location	Date	Charge	Penalty

List training and/or experience in maintenance work: _____

List training and/or experience in office equipment use: _____

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP ONLINE SERVICE**

In connection with your application for employment with G.G. Barnett Transport (“Prospective Employer”), it may obtain one or more reports regarding your driving and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from the FMCSA in a decision to not hire you or to make any other adverse employment decisions regarding you, the Prospective Employer will provide you with a copy of the report upon which the decision was based and written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize G.G. Barnett (“Prospective Employer”) to access the FMCSA Pre- Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contactor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its authorized agents, and/or affiliates, to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

